

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

11307

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County... Danvers
 City or town... Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County... Danvers
 City or town... Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Frank Ballard

3. (b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Malissia Ballard
 8.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) Oct 16-1875-
 8. AGE: Years 70 Months 1 Days 4 If less than one day hrs. min.

9. Birthplace Manokin Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Ennals Ballard13. Birthplace Manokin Md14. Maiden name Sarah Small15. Birthplace Manokin Md.16. Informant John W BallardAddress 101 Oak St, Danvers Ind17. burial Date thereof Nov 24 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Upper Hill cemeteryLocation Upper Hill Md.18. Funeral director Chas H WardAddress Manokin Md19. Nov 23 1946 R. L. Johnson
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20th 1946, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 16th 1943 to Nov 20th 1946and that I last saw him alive on Nov 13th 1946

Immediate cause of death

Chronic myocarditis 4 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

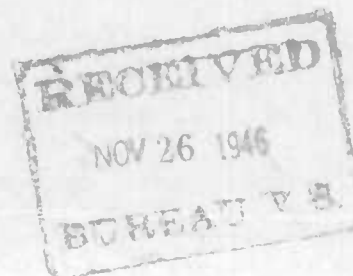
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eedre G. Maverman M. D. or otherAddress Princess Anne Md Date signed Nov 22 46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1242)

CERTIFICATE OF DEATH

Reg. Dist. No. 11308
2650

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>40 years</u> Hospital, Institution, or street address where death occurred: <u>946 West Broad Street</u> How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>946 West Broad Street</u> (If rural, give LOCATION) 2. (a) If veteran, name war.....			
3. (a) FULL NAME <u>JAMES BANKS</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>Colored</u>		6. (a) Single, married, or divorced <u>Widowed</u>			
6. (b) Name of husband or wife <u>Lucy Coulbourn Banks</u>				6. (c) If alive, give age years			
7. Birth date of deceased (mo., day, yr.) <u>March 21, 1883</u>				8. AGE: Years Months Days If less than one day <u>63</u> <u>7</u> <u>17</u> hrs. min.			
9. Birthplace <u>Alexandria, Virginia</u> (Town, county, and state)				10. Usual occupation <u>Stevedore</u>			
11. Industry or business <u>Chesapeake Bay</u>				12. Name <u>Unknown</u>			
13. Birthplace <u>Unknown</u>				14. Maiden name <u>Unknown</u>			
15. Birthplace <u>Unknown</u>				16. Informant <u>Marvin Banks</u> Address..... <u>946 W. Broad St. Crisfield</u>			
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof..... <u>Nov. 11, 1946</u> (month) (day) (year) Cemetery or crematory..... <u>Lawsonia Cemetery</u> Location..... <u>Crisfield, Maryland</u>				18. Funeral director <u>H. Harvey Bradshaw</u> Address..... <u>Crisfield, Maryland</u>			
19. (Date rec'd by registrar) <u>11/9/46</u>				20. DATE OF DEATH <u>November 8, 1946</u> 8:17 P. M.			
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>August 19, 46, to Nov 8, 1946</u> and that I last saw him alive on <u>Nov 8, 1946</u> Immediate cause of death..... <u>Coronary artery disease</u> DURATION..... <u>?</u> Due to..... Due to..... Other conditions..... (Include pregnancy within 8 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
23. SIGNATURE <u>S. M. Peyton M.D.</u> Address..... <u>Crisfield, Md.</u> Date signed..... <u>Nov. 8, 1946</u> M. D. or other							

Registrar

RECEIVED
NOV 29 1945
BUREAU 1 A

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11309

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County Somerset
 City or town East Princess Anne Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset
 City or town East Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Frances E. Bevans

3. (b) Social Security Number

213-24-1317

4. Sex

Female Colored

5. Color or race

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Perry J. Dennis

7. Birth date of deceased (mo., day, yr.)

Oct 4, 1921

6.(c) If alive, give age _____ years

8. AGE:

25 Years

Months

Days

If less than one day

_____ hrs. _____ min.

9. Birthplace

Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Cashier

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which)

Date thereof

March 4, 1946
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

19.

R. H. Johnson, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 1st 1946, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Acute Myocardial Infarction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. Smith
M. D. or other

Address

Date signed 11/2-46

RECEIVED
JUN 5 1946
AT NEW YORK

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-20

CERTIFICATE OF DEATH

★ 11310

Reg. Dist. No. 2610

1. PLACE OF DEATH:

County... SomersetCity or town... Marion
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 36

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... SomersetCity or town... Marion Sta., Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(d) If veteran, name war _____

3. (a) FULL NAME

Peter Coulbourne

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife... Martha Coulbourne

7. Birth date of

deceased (mo., day, yr.) Aug. 22, 18906. (c) If alive, give age 58 years

8. AGE:

56

Years

Months

2

Days

13

If less than one day

hrs.

min.

9. Birthplace... Marion, Somerset, Md.

(Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name... Peter Coulbourne13. Birthplace... Marion Sta., Md.14. Maiden name... Flora Johnson15. Birthplace... Crisfield, Md.16. Informant... Adde GeraldAddress... Marion Sta., Md.17. Burial Date thereof Nov. 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Branch CemeteryLocation... Marion Sta., Md.19. Funeral director... Charles H. StarkAddress... Marion Sta., Md.19. Nov 4 46 Con J Wilson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 19 46, at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 19 46 to Nov 2 19 46and that I last saw him alive on Oct 15 19 46

Immediate cause of death...

Chronic vascular

DURATION

Due to... Chronic sub acute 1 yearDue to... Chronic sub acute 1 yrOther conditions General atherosclerosis 1 year

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. _____

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Con J Wilson M. D. or otherAddress Marion Sta., Md. Date signed Nov 4 - 46

11310

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
NOV 6 1916
RECORDS - 8

1-55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

11455

Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Cresfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

Main Street Extended

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County SomersetCity or town Westover
(If outside city or town limits, write RURAL and give nearest town)Street No. rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Belle B. Cox

3. (b) Social Security Number

4. Sex Female 5. Color or race W. 6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Lambert W. Cox7. Birth date of deceased (mo., day, yr.) Mar 7 1867 6.(c) If alive, give age _____ years8. AGE: Years 79 Months 8 Days 6 If less than one day _____ hrs. _____ min.9. Birthplace Fairmount
(Town, county, and state)10. Usual occupation house wife

11. Industry or business

12. Name Daniel C. Parsons13. Birthplace Dorchester Co.14. Maiden name Edija C. Todd15. Birthplace Dorchester Co.16. Informant Mrs. Rena DaughtryAddress Main St. Cresfield Md.17. Burial Date thereof 11 15 46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory FairmountLocation Fairmount18. Funeral director Howard H. HubbardAddress Main St. Cresfield Md.19. 11/14/46 Agatha E. Frankle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 194621. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946 to Nov 13 1946and that I last saw her alive on October 19Immediate cause of death Cerebral Aneurysm

DURATION

Due to Cerebral Aneurysm of CerebrumYears

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE Joseph C. Ouellet

M. D. or other

Address W. 14th St. Date signed 11-14-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 17 1946

BUREAU

2-35

11/17/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

11456

CERTIFICATE OF DEATH

Reg. Dist. No. 2650

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 214 Main St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Lona M. Crosley

3. (b) Social Security Number

none

4. Sex <u>female</u>	5. Color or race <u>white</u>	6. (a) Single, married, widowed, or divorced <u>married</u>
6. (b) Name of husband or wife <u>John W.</u>		
7. Birth date of deceased (mo., day, yr.) <u>Nov. 25, 1879</u>		
8. AGE: Years <u>66</u>	Months <u>11</u>	Days <u>14</u>
If less than one day _____ hrs. _____ min.		

B. (c) If alive, give age 71 years

9. Birthplace Crisfield, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name John A. Rowley
 13. Birthplace Md.
 14. Maiden name Elizabeth Robins
 15. Birthplace Md.

16. Informant John W. Crosley
 Address Crisfield, Md.

17. Burial Burial Date thereof 11/11/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Sunny Ridge
 Location Crisfield, Md.

18. Funeral director Howard H. Hubbard
 Address 306 Main St., Crisfield, Md.

19. 11/11/46 19 W. G. Franklin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1946 at 11 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8, 1946 to Nov. 8, 1946
 and that I last saw her alive on Nov. 8, 1946

Immediate cause of death Acute myocarditis
 DURATION 1 day

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Danah W. Peyton M.D.
 M. D. or other _____
 Address Crisfield, Md. Date signed Nov. 11

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 17 1946

BUREAU

7-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County... SomersetCity or town... Wenona
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... SomersetCity or town... Rural, Wenona
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name War

3. (a) FULL NAME

Archie G. Evans ARCHIE G. EVANS

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mary Bradshaw

Deceased

7. Birth date of deceased (mo., day, yr.) Unknown-Approx 1882

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

Approx 64

..... hrs. min.

9. Birthplace Smiths Island-Somerset-Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER FATHER

12. Name

George Evans

13. Birthplace

Smiths Island, Md.

14. Maiden name

Georgeanna Pruitt

15. Birthplace

Tangier, Virginia

16. Informant

Fred S. Evans

Address

Wenona, Maryland

17.

Burial

Date thereof Nov. 29, 1946

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Ewell Cemetery

Location

Ewell, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19.

(Date rec'd by registrar)

11/27/46 Algotby E. Frank
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1946 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to 19.....

and that I last saw him alive on 19.....

Immediate cause of death Angina

DURATION

Anterior Myocardial Infarction

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

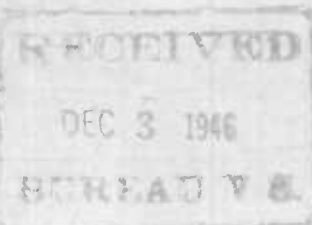
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

T. H. Smith M. D. or otherAddress Crisfield, Md. Date signed 11/26-46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *Bto*

CERTIFICATE OF DEATH

11312

Reg. Dist. No. *2650*

1. PLACE OF DEATH:

County *Somerset*
 City or town *Crisfield*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *10 years*
 Hospital, institution, or street address where death occurred:
28 Main Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Somerset*
 City or town *Crisfield*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *28 Main Street*
 (If rural, give LOCATION)
 2. (a) If veteran, name War

3. (a) FULL NAME

HILDA DODSON EVANS

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *February 5, 1919* 6. (c) If alive, give age years

8. AGE: Years *27* Months *2* Days *5* It less than one day
 hrs. min.

9. Birthplace *Ewell-Somerset-Maryland*
 (Town, county, and state)

10. Usual occupation *None*

11. Industry or business

12. Name *Wells Evans*
 13. Birthplace *Ewell, Maryland*
 14. Maiden name *Rosalyn Bradshaw*
 15. Birthplace *Tylerton, Maryland*

18. Informant *Wells Evans,*Address *28 Main St., Crisfield, Md*

17. (Burial, cremation, or removal. Which?) *Burial* Date thereof *Nov. 4, 1946*
 (month) (day) (year)

Cemetery or crematory *Sunny Ridge Cemetery*Location *RURAL, Crisfield, Md.*18. Funeral director *H. Harvey Bradshaw*Address *Crisfield, Maryland*

19. *11/4/46* 19. *Agatha E. Evans*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 2* 19*46* at *1:30 P.* M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 1945* to *Nov 2* 19*46*
 and that I last saw him alive on *Nov 1* 19*46*

Immediate cause of death *Acute Dec 27 Heart* DURATION *2 weeks*

Due to *Chronic Ang. Hypert.* *1 year*

Due to *myocardial* *1 year*

Due to *apoplexy* *years*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Agatha E. Evans* M. D. or other

Address *Wells Evans* Date signed *Nov 4-46*

RECEIVED
MAY 29 1935
BUREAU OF
2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

11313

Reg. Dist. No. 2610

1. PLACE OF DEATH:

County... Somerset Co
 City or town... Marion Station Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 5 years
 Hospital, institution, or street address where death occurred:
no
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Florence Jones

3. (b) Social Security Number

none

Sex Female 5. Color or race Black 6.(a) Single, married, widowed, or divorced yes MARRIED

8.(b) Name of husband or wife Samuel Jones

8.(c) If alive, give age not know years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 50 Months Days If less than one day
 hrs. min.

9. Birthplace... Pocomoke City Md
 (Town, county, and state)

10. Usual occupation... House Wife

11. Industry or business... none

12. Name... William Robinson

13. Birthplace... Pocomoke City Md

14. Maiden name... Jane Robinson

15. Birthplace... Pocomoke City Md

16. Informant... Lera Murrell

Address... Marion Station Md

17. Burial Date thereof Nov. 29 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Waters Chapel

Location... Lexington Md

18. Funeral director... Geo W Tilghman

Address... Marion Sta Md

19. Nov 30 46 Chas J Nelson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... November 27th 1946 at 10:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1946 to Nov 27 1946 and that I last saw her alive on Nov 25 1946

Immediate cause of death... Chronic occlusion DURATION 2 hrs

Due to... Chronic Out reflux

Due to... Chronic myocarditis 6 months

Other conditions... Arterio Sclerosis
Coronary Artery
 (Include pregnancy within 8 months of death)

Major findings of operations... Date of op.

Autopsy results... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Surgeon General

M. D. or other

Address... Marion Station Date signed Nov 29 46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 7 1946

BUREAU V &

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Reg. Dist. No.

11457

265

1. PLACE OF DEATH:

County... SomersetCity or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... SomersetCity or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No... Chesapeake Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sidney S. Handon

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Minnie S.

7. Birth date of deceased (mo., day, yr.)

1862-5-13

8. AGE:

Years

Months

Days

If less than one day

84614

hrs.

min.

9. Birthplace

Crisfield

(Town, county, and state)

10. Usual occupation

Widow

11. Industry or business

See

FATHER

12. Name

John S. Handon

13. Birthplace

Crisfield

MOTHER

14. Maiden name

Nancy Handon

15. Birthplace

Crisfield

16. Informant

Minnie S. Handon

Address

Crisfield

17.

Burial
(Burial, cremation, or removal, which?)

Date thereof

11/29/46
(month) (day) (year)

Cemetery or crematory

Crisfield

Location

Crisfield Md

18. Funeral director

Howard W. Stullard

Address

Crisfield Md

19.

11/29/46
(Date rec'd by registrar)Agatha E. Franklin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... November 27, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 3, 1946 to Nov 27, 1946and that I last saw him alive on Nov 26, 1946

Immediate cause of death

acute dilatation of heart
cardiac failure

Due to

chronic myocarditis

Due to

hypertensive cardiacvascular disease

Other conditions

Semility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. G. Rawley M.D.

M. D. or other

Address... Crisfield, Md. Date signed... 11-29-46

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

210

UNITED STATES DEPARTMENT OF JUSTICE

BUREAU OF PRISONS

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DEC 17 1946

BUREAU V 8

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11314

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County... Somerset
 City or town... Rural Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 3.8 years
 Hospital, institution, or street address where death occurred:
none
 How long in hospital or institution?... none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Rural Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

Etta Mabel Swinger Davis

3. (b) Social Security Number

none

4. Sex... female 5. Color or race... white 6. (a) Single, married, widowed, or divorced... married
 6. (b) Name of husband ~~as wife~~... Charles Milton Davis
 6. (c) If alive, give age... 73 years
 7. Birth date of deceased (mo., day, yr.)... May 29 1971
 8. AGE: Years... 75 Month... 6 Days... 29 hrs... min...

9. Birthplace... Lincoln, Vermont Addison
 (Town, county, and state)

10. Usual occupation... housewife

11. Industry or business

MOTHER FATHER
 12. Name... James Berne Swinger
 13. Birthplace... Rochester Vermont
 14. Maiden name... Emma Jane Corfield
 15. Birthplace... Rochester Vermont

16. Informant... Twila Blount Davis Mariner
 Address... Rural, Pr. Anne, Md.

17. (Burial, cremation, or removal, Which?) Date thereof... 11-14-46
 (month) (day) (year)

Cemetery or crematory... Episcopal Cemetery

Location... Princess Anne, Md.

18. Funeral director... Dashell Howard Lane

Address... Princess Anne, Md.

19. Date... Nov. 13 46 Registrar... R. L. Johnson Md.
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov. 12th 1946 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from...
 and that I last saw him... alive on...
 Immediate cause of death... Acute dilatation of heart

Due to... Myocarditis, chronic
 Duration... several years
 Due to... coronary

Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Thirick and M. D. or other
 Address... Princess Anne Md. Date signed... 11/13-46

Snick



Permanently
ARIESIAN LETTER
STANDARD CONTENT

RECEIVED
NOV 14 1985
BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (526)

CERTIFICATE OF DEATH

★ 11315 2600
Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset
City or town..... RURAL, Rumbley
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death..... 50 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... RURAL, Rumbley
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

John T. Parks

3. (b) Social Security Number

None

4. Sex..... Male
5. Color or race..... White
6.(a) Single, married, widowed, or divorced..... Married
6.(b) Name of husband or wife..... Ella French Parks
6.(c) If alive, give age..... 79 years
7. Birth date of deceased (mo., day, yr.) June 3, 1862
8. AGE: Years..... 84 Months..... 6 Days..... 3 If less than one day..... hrs. min.

9. Birthplace..... Fairmount-Somerset-Maryland
(Town, county, and state)

10. Usual occupation..... Waterman

11. Industry or business..... Sea food industry

12. Name..... John A. Parks
13. Birthplace..... Holland Island, Md.

14. Maiden name..... Amelia Blake
15. Birthplace..... Fairmount, Md.

16. Informant..... Weldon Parks
Address..... Rumbley, Md. RURAL

17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... Nov. 24, 1946
(month) (day) (year)
Cemetery or crematory..... Private Cemetery
Location..... RURAL, Rumbley, Md.

18. Funeral director..... H. Harvey Bradshaw
Address..... Crisfield, Md.

19. 11/24/46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Nov. 22, 19..... at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....
and that I last saw him..... alive on..... 19.....
Immediate cause of death..... Chronic Myocarditis? Unknown DURATION

Chronic Cystitis;
Due to..... Cancer of the Prostate Gland.
Had several attacks of bleeding.

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?

23. SIGNATURE..... J. Smith M. D. or other
Address..... Annapolis, Md. Date signed 11/24/46

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DEC 3 1946

BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11316

Reg. Dist. No. 2610

1. PLACE OF DEATH: Somerset
 County.....
 City or town..... Rural, Marion, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Home, rural, Marion, Md.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland Somerset
 State..... County.....
 City or town..... Rural, Marion, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 LORENZO QUELL POWELL

3. (b) Social Security Number

4. Sex Male
 5. Color or race White
 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Cephronia Bailey Powell

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) January 24, 1874

8. AGE: Years 72 Months 10 Days 4 If less than one day
hrs.min.

9. Birthplace Marion-Somerset-Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name William Henry Powell

13. Birthplace Somerset Co., Md.

14. Maiden name Susan Peyton

15. Birthplace Somerset Co., Md.

16. Informant Chester Powell

Address Marion, Md.

17. Burial Date thereof Nov. 30, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Rural, Marion, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

Nov 30 1946
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mr. 28 1946 at 5:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1945 to Jan 28 1946

and that I last saw him alive on Jan 27 1946

Immediate cause of death Acute D. of heart 2 mths

Due to Chronic D. of heart 2 yrs

Due to Chronic myocarditis

Other conditions None noted seems

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Surgeon C. Powellman M.D.

Address Marion 26 Md Date signed Jan 30 46

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Manner of death

8. Signature of physician

9. Signature of registrar

10. Signature of informant

11. Signature of witness

12. Signature of funeral director

13. Signature of undertaker

14. Signature of cemetery

15. Signature of burial

16. Signature of interment

17. Signature of cremation

18. Signature of disposition

19. Signature of final disposition

20. Signature of final disposition

21. Signature of final disposition

22. Signature of final disposition

23. Signature of final disposition

24. Signature of final disposition

25. Signature of final disposition

26. Signature of final disposition

27. Signature of final disposition

28. Signature of final disposition

29. Signature of final disposition

30. Signature of final disposition

31. Signature of final disposition

32. Signature of final disposition

33. Signature of final disposition

34. Signature of final disposition

35. Signature of final disposition

36. Signature of final disposition

37. Signature of final disposition

38. Signature of final disposition

39. Signature of final disposition

40. Signature of final disposition

41. Signature of final disposition

42. Signature of final disposition

43. Signature of final disposition

44. Signature of final disposition

45. Signature of final disposition

46. Signature of final disposition

47. Signature of final disposition

48. Signature of final disposition

49. Signature of final disposition

50. Signature of final disposition

51. Signature of final disposition

52. Signature of final disposition

53. Signature of final disposition

54. Signature of final disposition

55. Signature of final disposition

56. Signature of final disposition

57. Signature of final disposition

58. Signature of final disposition

59. Signature of final disposition

60. Signature of final disposition

61. Signature of final disposition

62. Signature of final disposition

63. Signature of final disposition

64. Signature of final disposition

65. Signature of final disposition

66. Signature of final disposition

67. Signature of final disposition

68. Signature of final disposition

69. Signature of final disposition

70. Signature of final disposition

RECEIVED

DEC 6 1946

BUREAU V.B.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

CERTIFICATE OF DEATH

11318

Reg. Dist. No. 2600

1. PLACE OF DEATH:

County Somerset
 City or town Rural - Pr. Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Rural - Prince Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

anna (NM1) Ross

3. (b) Social Security Number

unknown

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single
 6. (b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) 1896 approx. 6. (c) If alive, give age _____ years

8. AGE: Years approx. 70 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Pr Anne - Somerset - Md.
 (Town, county, and state)

10. Usual occupation nursing

11. Industry or business

12. Name Lafayette Ross

13. Birthplace Pr. Anne

14. Maiden name Motilda Ross

15. Birthplace Pr. Anne

16. Informant Marion A. Ross

Address Pr. Anne, Md.

17. burial Date thereof 11 14 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyt. Cemetery

Location Prince Anne

18. Funeral director Dashill Funeral Home

Address Prince Anne, Md.

Nov. 13 46 R. L. Johnson M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 9 19 46 at 2 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 9 19 46 to Nov. 12 9 19 46 and that I last saw h. or alive on Nov. 8 9 19 46

Immediate cause of death _____

Generalized arteriosclerosis Senile
cardiac degeneration changes

Due to Senile

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Stee. B. Wheeler M.D.

Pr. Anne, Md. M. D. or other _____

Address Pr. Anne, Md. Date signed 11/13/46

Woolley

RECEIVED
10/14 1946
BUREAU V.R.

1-35

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7867

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4

CERTIFICATE OF DEATH

Reg. Dist. No.

11453

2680

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

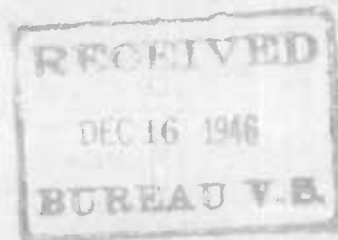
Injured at work?

23. SIGNATURE

M. D. or other

Address

Signed



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

Reg. Dist. No. 2700

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
McCready Memorial Hosp.
 How long in hospital or institution?..... 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset
 City or town..... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 6 Second Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

WILLIAM H. TILGHMAN

3. (b) Social Security Number

215 - 05 - 5406

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of husband or wife..... Ruth Riggin Tilghman
 6. (c) If alive, give age..... 39 years
 7. Birth date of deceased (mo., day, yr.)..... September 9, 1900

8. AGE: Years..... 46 Months..... 2 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Crisfield-Somerset-Md.
 (Town, county, and state)

10. Usual occupation..... Merchant

11. Industry or business..... Grocery

12. Name..... Harry Tilghman
 13. Birthplace..... Smyrna, Delaware

14. Maiden name..... Annie L. Tharton
 15. Birthplace..... Crisfield, Maryland

16. Informant..... Harry Tilghman
 Address..... Crisfield, Maryland

17. Burial Date thereof..... Nov. 24, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Sunny Ridge Cemetery
 Location..... RURAL, Crisfield, Md.

18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Md.

19. 11/23/46 19..... Cynthia E. Frankl
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... November 21, 1946 at 6:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 14, 1946 to Nov 21, 1946
 and that I last saw him alive on November 21, 1946
 Immediate cause of death..... Uremia

DURATION.....
Acute Distention
Heart
Chronic Interstitial
Nephritis - Pyelitis
Myocarditis
 Other conditions..... Pericarditis
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Wm. H. Houshourn, M.D.
Crisfield Md. M. D. or other
 Date signed..... Nov 23, 46

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DEC 17 1946

BUREAU 18

2-35